

Notice to Change Sponsoring Organization

CHILD AND ADULT CARE FOOD PROGRAM



Effective on _____, I intend to change from _____
DATE NAME OF CURRENT SPONSORING ORGANIZATION
to _____ to participate in the CACFP.
NAME OF FUTURE SPONSORING ORGANIZATION

Provider Name _____
Business Name _____
Facility Address _____
Street City State Zip

Mailing Address, if different _____ Phone _____

PV Number _____ Expiration Date _____

If Group Home, List Name of Assistant _____

Please read and initial each paragraph

_____ I understand that this notice is to be presented to the current Sponsor or postmarked on or before the last working day of any one month to be eligible to participate with the new Sponsor by the first day of the following month. DCH Providers who fail to notify their existing Sponsor of an intended switch to a new Sponsor on or before the final working day of the month may not be eligible to participate with the new Sponsor in the following month, which may cause a break in participation. The result might be that participation must continue with the existing Sponsor. Participation with the new Sponsor would begin effective the first day of the next month. I understand that I can switch once per year. One time per year means once during any 12-month period.

_____ I understand that any history of my corrective action will be shared with the State Agency and with the future sponsoring organizations and that any provider who is subject to corrective action by their current sponsoring organization, or corrective action from the licensing staff, may not change sponsors until they are restored to good standing.

_____ I certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds, that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider signature _____ Date _____

First Date of Participation with New Sponsor _____

Copy of form provided to: current Sponsor, new Sponsor, State CACFP (to be mailed by new Sponsor), and Provider